

COMMERCIAL CONSTRUCTION TRAILER

NOTICE TO General Contractors And Builders

In order to serve you on a timelier basis the Planning & Development Department will be the **only** department involved in the review process for a Commercial Construction Trailer permit. This will allow the department to expedite and issue your permit.

It will now be the responsibility of the contractor to contact the Weatherford Municipal Utilities at 917 Eureka, 817-598-4257, to coordinate location of utilities.



Commercial Construction Trailer Permit Application

To help facilitate the review process for building permits, all the following information must be submitted at one time. The review process will not begin until all information is submitted.

- 1. Building Permit Application (Attached) To be filled out completely.
- 2. (2 Copies) Site Plan Site Plan must include:
 - All existing improvements and additions
 - Dimensions from new improvements to all existing improvements and property lines
 - Driveway and utilities location
- 3. (2 Copies) Plans One copy required and must include:
 - Copy of survey or approved plat

4. Building Permit Fee: \$75.00 Electrical Permit Fee: \$35.00 \$110.00

Your assistance will expedite the review process. If you have any questions or concerns, please contact 817-598-4284.

Inspections required:

- Three inspections are required for all Construction Trailers
 - 1. Building setbacks from property lines and other buildings
 - 2. T-Pole
 - 3. Final building set and access

After you receive you permit call our automated inspection line to schedule your inspections at 817-598-4041.



CITY OF WEATHERFORD PLANNING & DEVELOPMENT DEPARTMENT

CONSTRUCTION TRAILER PERMIT APPLICATION

(For any plumbing and electrical	hookups provide contractors	s acknowledgement sheet H)			
Project Name:	Date:				
Street Address:					
Submitted by:	Phone #:				
Work description:					
Total area: Sc	ıft Size of Trailer	Ft. XFt.			
Owner:	Phor	ne:			
General Contractor:	Phone	e:			
Address:					
DRAW A SITE OR PLOT PLAN:	1	Property Line			
Notes: 1. Show street name 2. Show all existing buildings 3. Show existing parking lot 4. Show site access points 5. Show utility locations 6. Show measurements of red arrows	PL NEW BLDG. Existing Accesses PL	Distance from Trailer to Existing Buildings Trailer Water Meter Location			
I hereby certify that I have read and examin laws and ordinances governing this type of permit does not presume to give authority tregulation. The issuance of a permit ordinances and/or state or federal laws, very APPLICANT NAME:	ed this application and know the same work will be complied with whether so to violate or cancel the provisions of a neither exempts nor modifies ar	pecified herein or not. The granting of a			

Signature

Phone No.



COMMERCIAL CONSTRUCTION TRAILER PERMIT APPLICATION CONTRACTOR ACKNOWLEGEMENTS



<u>ONLY</u> individual contractors MUST COMPLETE AND SIGN this form If your State License or COI (Certificate of Insurance) is expired the permit you are working under will be invalid and will not be issued or may be cancelled by the Building Official.

Construction address:					
Building Contractor:					
MASTER ELECTRICIA	N'S STATEMENT	OFFICE USE ONLY- CO	ONFIRMED ON		
I,	, do ackr	nowledge that I will be doing the electrical work for the			
(print name) construction at the above st		r acknowledge that the ab	ove stated build	ling contractor will be	
obtaining the electric perm	it for this project.				
			/	/	
(date)	(signature)	License #	Exp. date	Cert. of Insurance exp. date	
(Company name, address & phone nu	ımber)				
MASTER PLUMBER'S		OFFICE USE ONLY- CO	ONFIRMED ON		
I,	, do ackr	nowledge that I will be d o	oing the plumb	ing work for the	
(print name) construction at the above st					
obtaining the plumbing per	mit for this project.				
			/	/	
(date)	(signature)	License #	Exp. date	e Cert. of Insurance exp. date	
(company name, address & phone nu	mber)	OFFICE USE ONLY- CO	ONFIRMED ON		
MECHANICAL/HVAC S	<u>STATEMENT</u>				
I,(print name)	, do ackr	nowledge that I will be d	oing the mecha	nical/HVAC work	
for the construction at the will be obtaining the mechanism			nat the above sta	ated building contractor	
		/	/		
(date)	(signature)	License # exp. o	date Cert. of Insuran	ce exp. date	